

Variable Col Len Format Frequency ComQues# FacQues# Variable Type & Label

The Facility Events file contains data about all facility events of the MCBS population, whether community or facility interviews. There is one record for each stay that occurred, at least partly, during the calendar year. The cost and use data contained in the file is limited to the current calendar year.

| | | | | | | |
|----------|----|---|--|--|--|--------------------------------|
| RIC | 1 | 2 | | | | C FACILITY EVENT RECORD |
| VERSION | 3 | 1 | | | | C VERSION NUMBER |
| BASEID | 4 | 8 | | | | C UNIQUE IDENTIFICATION NUMBER |
| STAYNUM | 14 | 1 | | | | N STAY NUMBER FOR THE YEAR |
| REFBEGYY | 15 | 2 | | | | C REF DATE BEGIN YEAR |
| REFBEGMM | 17 | 2 | | | | C REF DATE BEGIN MONTH |
| REFBEGDD | 19 | 2 | | | | C REF DATE BEGIN DAY |
| REFENDYY | 21 | 2 | | | | C REF DATE END YEAR |
| REFENDMM | 23 | 2 | | | | C REF DATE END MONTH |
| REFENDDD | 25 | 2 | | | | C REF DATE END DAY |
| ADMISYY | 27 | 2 | | | | C ADMISSION DATE YEAR |
| ADMISMM | 29 | 2 | | | | C ADMISSION DATE MONTH |
| ADMISDD | 31 | 2 | | | | C ADMISSION DATE DAY |
| DISCHYY | 33 | 2 | | | | C PERMANENT DISCH DATE YEAR |
| DISCHMM | 35 | 2 | | | | C PERMANENT DISCH DATE MONTH |
| DISCHDD | 37 | 2 | | | | C PERMANENT DISCH DATE DAY |
| STAYDAYS | 39 | 3 | | | | N NUMBER OF DAYS IN STAY |
| FACILID | 42 | 6 | | | | C FACILITY ID + PSU NUMBER |

NOTES: Randomly-assigned number
 First available in 1997

| | | | | | | |
|---------|----|---|--------|--|--|------------------------|
| FACDESC | 48 | 2 | FACFMT | | | N FACILITY DESCRIPTION |
| | | | 22 | | | 1 HOSPITAL |
| | | | 889 | | | 2 NURSING HOME |
| | | | 11 | | | 3 RETIREMENT HOME |
| | | | 118 | | | 4 DOMI/PER CARE FAC |
| | | | 12 | | | 5 MENTAL HLTH FACILITY |
| | | | 48 | | | 6 INST FOR MR/DEV DISA |
| | | | 0 | | | 7 MENTAL HLTH CNTR |
| | | | 89 | | | 8 LIFE CARE/CONT CARE |
| | | | 130 | | | 9 ASSISTED LIVING FAC |
| | | | 3 | | | 10 REHAB FACILITY |
| | | | 8 | | | 91 OTHER PLACE (SPEC) |

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|----------|-----|-----|-----------|-----------|----------|----------|---|
| BEGSTAT | 50 | 1 | \$BEGSTAT | | | | C STATUS AT BEGINNING OF STAY |
| | | | | 1 | | | - DON'T KNOW |
| | | | | 994 | | | 0 CONTINUING SP |
| | | | | 136 | | | 1 FIRST TIME SP FROM HOME |
| | | | | 112 | | | 2 FIRST TIME SP FROM HOSP |
| | | | | 38 | | | 3 FIRST TIME SP FROM NH |
| | | | | 5 | | | 5 2ND STAY 30-DAY SPLIT (IN HOSP) |
| | | | | 4 | | | 6 2ND STAY 30-DAY SPLIT (DISCH) |
| | | | | 37 | | | 7 FIRST TIME SP FROM OTH FAC |
| | | | | 3 | | | 9 UNKNOWN REASON |
| ENDSTAT | 51 | 1 | \$ENDSTAT | | | | C STATUS AT END OF STAY |
| | | | | 3 | | | - DON'T KNOW |
| | | | | 902 | | | 0 SP STILL A RESIDENT |
| | | | | 25 | | | 1 SP WAS DISCHARGED HOME |
| | | | | 71 | | | 2 SP WAS DISCHARGED TO HOSP |
| | | | | 28 | | | 3 SP WAS DISCHARGED TO OTH FAC |
| | | | | 267 | | | 4 SP DIED IN FAC |
| | | | | 3 | | | 5 STAY SPLIT BY 30-DAY HOSP |
| | | | | 3 | | | 6 STAY SPLIT BY 30-DAY DISCH |
| | | | | 24 | | | 7 SP WAS DISCHARGED TO OTH FAC |
| | | | | 4 | | | 9 UNKNOWN REASON FOR END OF STAY |
| AMTTOT | 52 | 9 | | | | | N TOTAL PAYMENT |
| AMTCARE | 61 | 9 | | | | | N AMOUNT PAID BY MEDICARE |
| AMTCAID | 70 | 9 | | | | | N AMOUNT PAID BY MEDICAID |
| AMTVA | 79 | 9 | | | | | N AMOUNT PAID BY VETERANS ADM |
| AMTPRVU | 88 | 9 | | | | | N AMOUNT PAID BY PRIV INS (UNKNOWN) |
| AMTOOP | 97 | 9 | | | | | N AMOUNT PAID BY PERSON/FAMILY |
| AMTOTH | 106 | 9 | | | | | N AMOUNT PAID BY OTHER SOURCES |
| ANCITOT | 115 | 9 | | | | | N ANCILLARY TOTAL PAYMENT |
| ANCICARE | 124 | 9 | | | | | N ANCILLARY AMT PAID BY MEDICARE |
| ANCICAID | 133 | 9 | | | | | N ANCILLARY AMT PAID BY MEDICAID |
| ANCIVA | 142 | 9 | | | | | N ANCILLARY AMT PAID BY VETERANS ADM |
| ANCIPRVU | 151 | 9 | | | | | N ANCILLARY AMT PAID BY PRIV INS |
| ANCIOOP | 160 | 9 | | | | | N ANCILLARY AMT PAID BY PERSON/FAMILY |
| ANCIOTH | 169 | 9 | | | | | N ANCILLARY AMT PAID BY OTHER SOURCES |
| TOTCARE | 178 | 9 | | | | | N AMT PAID BY MEDICARE FOR ALL SERVICES |
| TOTALL | 187 | 9 | | | | | N AMT ALL TOTAL (INC. MCARE SERVICES) |
| DENTNUM | 196 | 3 | | | | | N NUMBER OF DENTAL VISITS |
| EMNUM | 199 | 3 | | | | | N NUMBER OF EMERGENCY ROOM VISITS |
| OPNUM | 202 | 3 | | | | | N NUMBER OF CLINIC/OUTPATIENT VISITS |

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|----------|-----|-----|---------|-----------|----------|----------|---|
| MDNUM | 205 | 3 | | | | | N NUMBER OF MEDICAL DOCTOR VISITS |
| MHNUMVIS | 208 | 3 | | | | | N NUMBER OF MENTAL HEALTH PROFESS. VISITS |
| MHNUMVIS | 208 | 3 | | | | | N NUMBER OF MENTAL HEALTH PROFESS. VISITS |
| DIETFLG | 211 | 2 | MOSTFMT | | | | N TYPE OF HP: DIETICIAN |
| | | | | 335 | | | 1 YES |
| | | | | 995 | | | 2 NO |
| OPTHLFLG | 213 | 2 | MOSTFMT | | | | N TYPE OF MD: OPHTHALMOLOGIST |
| | | | | 120 | | | 1 YES |
| | | | | 1,210 | | | 2 NO |
| OPTOMFLG | 215 | 2 | MOSTFMT | | | | N TYPE OF HP: OPTOMETRIST |
| | | | | 100 | | | 1 YES |
| | | | | 1,230 | | | 2 NO |
| PODIAFLG | 217 | 2 | MOSTFMT | | | | N TYPE OF HP: PODIATRIST |
| | | | | 749 | | | 1 YES |
| | | | | 581 | | | 2 NO |
| EDHABFLG | 219 | 2 | MOSTFMT | | | | N RECEIVED EDUC./HABILITATIONAL SERVICES |
| | | | | 4 | | | -8 DON'T KNOW |
| | | | | 282 | | | 1 YES |
| | | | | 1,044 | | | 2 NO |
| HABFLG | 221 | 2 | MOSTFMT | | | | N RECEIVED HABILITATIONAL SERVICES |
| | | | | 4 | | | -8 DON'T KNOW |
| | | | | 262 | | | 1 YES |
| | | | | 1,064 | | | 2 NO |
| EDUCFLG | 223 | 2 | MOSTFMT | | | | N RECEIVED EDUCATIONAL SERVICES |
| | | | | 5 | | | -8 DON'T KNOW |
| | | | | 157 | | | 1 YES |
| | | | | 1,168 | | | 2 NO |
| AMBUSERV | 225 | 2 | MOSTFMT | | | | N USED AMBULANCE SERVICE |
| | | | | 443 | | | 1 YES |
| | | | | 887 | | | 2 NO |
| BEDPADS | 227 | 2 | MOSTFMT | | | | N RECEIVED BEDPEDS |
| | | | | 774 | | | 1 YES |
| | | | | 556 | | | 2 NO |
| CATHETER | 229 | 2 | MOSTFMT | | | | N RECEIVED CATHETER/CATHETER SUPPLIES |
| | | | | 192 | | | 1 YES |
| | | | | 1,138 | | | 2 NO |

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|----------|-----|-----|---------|-----------|----------|----------|----------------------------------|
| CATHIRRI | 231 | 2 | MOSTFMT | | | | N CATHETERIZATION AND IRRIGATION |
| | | | | 185 | | | 1 YES |
| | | | | 1,145 | | | 2 NO |
| CHNGBAND | 233 | 2 | MOSTFMT | | | | N APPLY/CHANGE DRESSINGS |
| | | | | 545 | | | 1 YES |
| | | | | 785 | | | 2 NO |
| CLOTHDPR | 235 | 2 | MOSTFMT | | | | N RECEIVED CLOTH DIAPERS |
| | | | | 167 | | | 1 YES |
| | | | | 1,163 | | | 2 NO |
| COMMODE | 237 | 2 | MOSTFMT | | | | N RECEIVED BEDSIDE COMMODE |
| | | | | 116 | | | 1 YES |
| | | | | 1,214 | | | 2 NO |
| DIABSUPP | 239 | 2 | MOSTFMT | | | | N USED DIABETIC SUPPLIES |
| | | | | 201 | | | 1 YES |
| | | | | 1,129 | | | 2 NO |
| DIAPRSUP | 241 | 2 | MOSTFMT | | | | N USED DISPOSABLE DIAPERS |
| | | | | 787 | | | 1 YES |
| | | | | 543 | | | 2 NO |
| EQUIPSUP | 243 | 2 | MOSTFMT | | | | N USED EQUIPMENT OR SUPPLIES |
| | | | | 11 | | | 1 YES |
| | | | | 1,319 | | | 2 NO |
| EYEGLOSS | 245 | 2 | MOSTFMT | | | | N USED EYEGLASSES |
| | | | | 145 | | | 1 YES |
| | | | | 1,185 | | | 2 NO |
| FEEDSERV | 247 | 2 | MOSTFMT | | | | N FEEDING SERVICES |
| | | | | 419 | | | 1 YES |
| | | | | 911 | | | 2 NO |
| FEEDSUPP | 249 | 2 | MOSTFMT | | | | N RECEIVED FEEDING SUPPLIES |
| | | | | 106 | | | 1 YES |
| | | | | 1,224 | | | 2 NO |
| GERCHAIR | 251 | 2 | MOSTFMT | | | | N RECEIVED GERI CHAIR |
| | | | | 126 | | | 1 YES |
| | | | | 1,204 | | | 2 NO |
| GTUBESUP | 253 | 2 | MOSTFMT | | | | N RECEIVED GTUBE AND SUPPLIES |
| | | | | 88 | | | 1 YES |
| | | | | 1,242 | | | 2 NO |

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|-----------|-----|-----|---------|-----------|----------|----------|---|
| GTUBEUSE | 255 | 2 | MOSTFMT | 93 | | | N GTUBE USE AND CARE 1 YES 2 NO |
| | | | | 1,237 | | | |
| HEARAID | 257 | 2 | MOSTFMT | 50 | | | N USED HEARING AID 1 YES 2 NO |
| | | | | 1,280 | | | |
| HOSPBED | 259 | 2 | MOSTFMT | 318 | | | N RECEIVED HOSPITAL BED 1 YES 2 NO |
| | | | | 1,012 | | | |
| HOTPACKS | 261 | 2 | MOSTFMT | 76 | | | N APPLYING/MONITORING HOTPACKS 1 YES 2 NO |
| | | | | 1,254 | | | |
| INCNCARE | 263 | 2 | MOSTFMT | 840 | | | N INCONTINENCE CARE 1 YES 2 NO |
| | | | | 490 | | | |
| INJECTION | 265 | 2 | MOSTFMT | 442 | | | N RECEIVED INJECTIONS 1 YES 2 NO |
| | | | | 888 | | | |
| IVSUPP | 267 | 2 | MOSTFMT | 70 | | | N RECEIVED IV SUPPLIES 1 YES 2 NO |
| | | | | 1,260 | | | |
| IVUSE | 269 | 2 | MOSTFMT | 84 | | | N IV USE AND CARE 1 YES 2 NO |
| | | | | 1,246 | | | |
| MATTRESS | 271 | 2 | MOSTFMT | 459 | | | N RECEIVED SPECIAL MATTRESS 1 YES 2 NO |
| | | | | 871 | | | |
| NEBULIZR | 273 | 2 | MOSTFMT | 112 | | | N Received nebulizer 1 YES 2 NO |
| | | | | 1,218 | | | |
| ORTHITEM | 275 | 2 | MOSTFMT | 167 | | | N USED ORTHOPEDIC ITEMS 1 YES 2 NO |
| | | | | 1,163 | | | |
| OSTOMSUP | 277 | 2 | MOSTFMT | 53 | | | N USED OSTOMY SUPPLIES 1 YES 2 NO |
| | | | | 1,277 | | | |

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|----------|-----|-----|---------|-----------|----------|----------|---|
| OXYGEN | 279 | 2 | MOSTFMT | | | | N USED OXYGEN |
| | | | | 270 | | | 1 YES |
| | | | | 1,060 | | | 2 NO |
| PACEMCHK | 281 | 2 | MOSTFMT | | | | N Pacemaker check |
| | | | | 41 | | | 1 YES |
| | | | | 1,289 | | | 2 NO |
| PROSTHES | 283 | 2 | MOSTFMT | | | | N USED PROSTHESIS |
| | | | | 11 | | | 1 YES |
| | | | | 1,319 | | | 2 NO |
| RESTRAIN | 285 | 2 | MOSTFMT | | | | N RECEIVED RESTRAINTS |
| | | | | 267 | | | 1 YES |
| | | | | 1,063 | | | 2 NO |
| SKINSERV | 287 | 2 | MOSTFMT | | | | N Skin treatments |
| | | | | 749 | | | 1 YES |
| | | | | 581 | | | 2 NO |
| SUCTSERV | 289 | 2 | MOSTFMT | | | | N Suctioning |
| | | | | 71 | | | 1 YES |
| | | | | 1,259 | | | 2 NO |
| SUCTSUPP | 291 | 2 | MOSTFMT | | | | N Received suction machine and supplies |
| | | | | 61 | | | 1 YES |
| | | | | 1,269 | | | 2 NO |
| TEDHOSE | 293 | 2 | MOSTFMT | | | | N Received ted hose and supplies |
| | | | | 146 | | | 1 YES |
| | | | | 1,184 | | | 2 NO |
| TUBEFEED | 295 | 2 | MOSTFMT | | | | N RECEIVED TUBE FEEDING |
| | | | | 103 | | | 1 YES |
| | | | | 1,227 | | | 2 NO |
| TUBEFEED | 297 | 2 | MOSTFMT | | | | N RECEIVED TUBE FEEDING |
| | | | | 103 | | | 1 YES |
| | | | | 1,227 | | | 2 NO |
| TURNPOS | 299 | 2 | MOSTFMT | | | | N RECEIVED TURNING AND POSITIONING |
| | | | | 693 | | | 1 YES |
| | | | | 637 | | | 2 NO |
| WHEEWALK | 301 | 2 | MOSTFMT | | | | N RECEIVED WHEELCHAIR/WALKER |
| | | | | 501 | | | 1 YES |
| | | | | 829 | | | 2 NO |